

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 4-9-03 2 Serial/Patent # 101049,597

| 3 Please refund the following fee(s):           |                                   | 4 PAPER NUMBER                                   | 5 DATE FILED  | 6 AMOUNT  |   |   |    |   |   |   |   |
|---|-----------------------------------|--|---|-----------|---|---|----|---|---|---|---|
| <input type="checkbox"/>                        | Filing                            |  |   | \$        |   |   |    |   |   |   |   |
| <input type="checkbox"/>                        | Amendment                         |  |   | \$        |   |   |    |   |   |   |   |
| <input type="checkbox"/>                        | Extension of Time                 |  |   | \$        |   |   |    |   |   |   |   |
| <input type="checkbox"/>                        | Notice of Appeal/Appeal           |  |   | \$        |   |   |    |   |   |   |   |
| <input type="checkbox"/>                        | Petition                          |  |   | \$        |   |   |    |   |   |   |   |
| <input type="checkbox"/>                        | Issue                             |  |   | \$        |   |   |    |   |   |   |   |
| <input type="checkbox"/>                        | Cert of Correction/Terminal Disc. |  |   | \$        |   |   |    |   |   |   |   |
| <input type="checkbox"/>                        | Maintenance                       |  |   | \$        |   |   |    |   |   |   |   |
| <input type="checkbox"/>                        | Assignment                        |  |   | \$        |   |   |    |   |   |   |   |
| <input checked="" type="checkbox"/>             | Other                             | 7  | 3/31/03   | \$ 395.00 |   |   |    |   |   |   |   |
|   |                                   | 7 TOTAL AMOUNT OF REFUND                         |   | \$        |   |   |    |   |   |   |   |
|   |                                   | 8 TO BE REFUNDED BY:                             |   |           |   |   |    |   |   |   |   |
| 10 REASON:                                      |                                   | Treasury Check                                   |   |           |   |   |    |   |   |   |   |
| <input type="checkbox"/>                        | Overpayment                       | <input checked="" type="checkbox"/>              | Credit Deposit A/C #:   |           |   |   |    |   |   |   |   |
| <input type="checkbox"/>                        | Duplicate Payment                 | <input checked="" type="checkbox"/>              | 9 <table border="1" style="display: inline-table;"><tr><td>1</td><td>1</td><td>--</td><td>0</td><td>8</td><td>5</td><td>5</td></tr></table> |           | 1 | 1 | -- | 0 | 8 | 5 | 5 |
| 1   | 1                                 | --   | 0   | 8         | 5 | 5 |    |   |   |   |   |
| <input checked="" type="checkbox"/>             | No Fee Due (Explanation):         | <i>large entry fee has already been adjusted</i> |   |           |   |   |    |   |   |   |   |
| 11 REFUND REQUESTED BY:                         |                                   |  |   |           |   |   |    |   |   |   |   |
| TYPED/PRINTED NAME: <u>Wan Layman</u>           |                                   | TITLE: <u>Pat. Exam.</u>                         |   |           |   |   |    |   |   |   |   |
| SIGNATURE: <u>Wan Layman</u>                    |                                   | PHONE: _____                                     |   |           |   |   |    |   |   |   |   |
| OFFICE: *****                                   |                                   |  |   |           |   |   |    |   |   |   |   |
| THIS SPACE RESERVED FOR FINANCE USE ONLY: _____ |                                   |  |   |           |   |   |    |   |   |   |   |
| APPROVED: <u>Alma Kelley</u>                    |                                   | DATE: <u>4/10/03</u>                             |   |           |   |   |    |   |   |   |   |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B